STATE OF NEW HAMPSHIRE
NEW HAMPSHIRE BOARD OF NURSING

78 REGIONAL DRIVE, BLDG. B
PO BOX 3898
CONCORD NH 03302-3898
Webpage: http://www.state.nh.us/nursing

TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323 **Nurse Asst.** 603-271-6282

DIRECTIONS FOR MEDICATION NURSING ASSISTANT CERTIFICATION

New Hampshire RSA 326-B indicates no person shall provide or offer to provide nursing-related activities as a nursing assistant without a current New Hampshire license. To be eligible for Medication Nursing Assistant Certification an individual must document the following:

DIRECTIONS:

- _____ Complete application, sign and date.

  _____ Submit a copy of a Medication Administration Education Program Certificate.

  _____ Possess a valid and unrestricted nursing assistant license issued by the Board.

- _____ Include with application a check for $10.00 made payable to: "Treasurer, State of New Hampshire."

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FEES ARE NOT REFUNDABLE.

Please note: Failure to provide all the requested information shall cause the application to be returned.

APPLICATIONS NOT COMPLETED WITHIN 180 DAYS OF THE FILING DATE WILL BE PURGED

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For Office Use Only:
FEE: $_____
REC'D: _____
CK/MO: _____

Nursing 603-271-2323 **Nurse Asst.** 603-271-6282

APPLICATION : MEDICATION NURSING ASSISTANT CERTIFICATION

1. Name:_____
(Last) (First) (Middle) (Maiden) (Other Names Used)

2. Mailing Address: _____
(Street Number) (City) (County) (State) (Zip)

3. Telephone:( )_____ Social Security # _____/_____/_____ Date of Birth: _____/_____/_____
(Optional)) (Month) (Day) (Year)

4. Medication Administration Education Program: _____

Address: _____Program Completion Date: _____/____/_____
(Street Number) (City) (State) (Zip) (Month Day Year)

5. Were any special arrangements made for you during the educational program or testing because of a physical or mental condition? Yes ( ) No ( )

6. Current Employer: _____ Telephone:( )_____

Current Employer Address: _____ _____
(Street Number-) (City) (County) (State) (Zip)

Job Title: _____LNA License #_____Expiration Date_____

UNDER PENALTY OF PERJURY, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:12) and may be grounds for conviction of a misdemeanor (RSA 641:3).

_____ _____
Full Signature of Applicant Date of Application

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